

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90063 015 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000006268**

1. Corporation Name  
**ISLAND DEVELOPMENT GROUP LIMITED, INC.**



Principal Place of Business  
 1750 S. TELEGRAPH ROAD., STE 107  
 BLOOMFIELD HILLS MI 48302

Mailing Address  
 1750 S. TELEGRAPH ROAD., STE 107  
 BLOOMFIELD HILLS MI 48302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/08/1994**

4. FEI Number  
**38-3083163**

5. Certificate of Status Desired  Applied For  
 Not Applicable  
**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 1700 N. Woodward Avenue  
 Suite, Apt. #, etc.  
 22 Suite 101  
 City & State  
 23 Bloomfield Hills, Michigan  
 Zip Country  
 24 48304 25 Oakland

2a. Mailing Address  
 26 1700 N. Woodward Avenue  
 Suite, Apt. #, etc.  
 27 Suite 101  
 City & State  
 28 Bloomfield Hills, Michigan  
 Zip Country  
 29 48304 30 Oakland

9. Name and Address of Current Registered Agent

**THURLOW, THOMAS H JR**  
**THURLOW & SMITH, P.A.**  
**17 MARTIN L. KING, JR. BLVD.**  
**STUART FL 33494**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKEY, JON H	1.2 NAME	Berkey, Jon H
STREET ADDRESS	1750 S. TELEGRAPH ROAD., STE 107	1.3 STREET ADDRESS	1700 N. Woodward Ave., St. 100
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48302	1.4 CITY-ST-ZIP	Bloomfield Hills, MI 48304
TITLE	DM <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT, JOSEPH S M.D.	2.2 NAME	
STREET ADDRESS	325 DUNSTON	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	2.4 CITY-ST-ZIP	
TITLE	DM <input type="checkbox"/> DELETE	3.1 TITLE	DM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSKI, JOSEPH A M.D.	3.2 NAME	Hoski, Joseph A M.D.
STREET ADDRESS	8425 E. 12 MILE RD	3.3 STREET ADDRESS	11885 12 Mile Road, St. 200B
CITY-ST-ZIP	WARREN MI 48093	3.4 CITY-ST-ZIP	Warren, MI 48093
TITLE	DM <input type="checkbox"/> DELETE	4.1 TITLE	DM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, STANLEY	4.2 NAME	Jones, Stanley
STREET ADDRESS	4242 WENDELL ROAD	4.3 STREET ADDRESS	2945 S. Woodward, Four Seasons, Unit #9
CITY-ST-ZIP	WEST BLOOMFIELD MI 48323	4.4 CITY-ST-ZIP	Bloomfield Hills, MI 48304
TITLE	DM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPDI, CHANDRAKANT C M.D.	5.2 NAME	
STREET ADDRESS	871 HARSDALE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48013	5.4 CITY-ST-ZIP	
TITLE	DM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DOMINIC PH.D.	6.2 NAME	
STREET ADDRESS	6010 BARRIE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI 48126	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jon H. Berkey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1999 (248) 593-6460

Date Daytime Phone #

CR2E034 (1/98)